

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -5 AM 5: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004616

1. Corporation Name

Saint Peter's Episcopal Church of Key West, Florida

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

806 Center Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

806 Center Street

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1998

5. FEI Number

542380266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

Marcia S. Somersall

Street Address (P.O. Box Number is Not Acceptable)

623 Petronia Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marcia S. Somersall
REGISTERED AGENT MUST SIGN

Date

3/2/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SW, D	William Gallagher	708 Whitehead Street	Key West, FL 33040
JW, D	Sarah Curry	399 Balido Drive	Key West, FL 33040
S, D	Marcia Somersall	623 Petronia Street	Key West, FL 33040
T, D	Shirley Knowles	723 Elizabeth Street	Key West, FL 33040
T, D	Rena Roberts	609 Thomas Street	Key West, FL 33040

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sarah Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/08

Daytime Phone #

305 294-1792

20. 3/10